

State of Illinois  
Department of Children and Family Services  
**2023 SCHOLARSHIP PROGRAM STUDENT APPLICATION**

**Applicants must meet eligibility requirements and submit a complete application packet on or before March 31, 2023 to be considered for the DCFS Scholarship Program.**

**Application packets must be emailed to:**  
**[DCFS.Scholarship@illinois.gov](mailto:DCFS.Scholarship@illinois.gov)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (Middle)

**Race:**

**Ethnicity:**

**Sex:**

**Gender:**

**Sexual Orientation :**

Address \_\_\_\_\_  
(Number) (Street) (Apt. No.)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone \_\_\_\_\_

Email Address "REQUIRED": \_\_\_\_\_

DCFS Case ID Number \_\_\_\_\_ Adopted: ☐ Yes: Year \_\_\_\_\_ ☐ No

Subsidized Guardianship/KinGap: ☐ Yes: Year \_\_\_\_\_ ☐ No

Caseworker (If applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Do you have a parent who is a veteran of the US Armed Forces?

☐ Yes ☐ No

**ACADEMIC HISTORY**

High School Graduation or GED Date \_\_\_\_\_

Grade point average \_\_\_\_\_ out of \_\_\_\_\_ point system

Class rank # \_\_\_\_\_ out of \_\_\_\_\_

Currently Enrolled in College? ☐ Yes ☐ No

Grade point average \_\_\_\_\_ out of \_\_\_\_\_ point system

**List and describe any honors, awards or special recognitions that you have earned or received.**

**List and describe any high school activities and/or college or community activities in which you have participated (e.g., clubs, sports, student council, etc.).**

### Activity

High School? College? Length of Time?

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List and explain any employment and/or volunteer experiences.

Dates Employed or Volunteered

Employer or Volunteer Organization


**Attach a TYPED, personal essay explaining why you want to attend college and why YOU should receive a DCFS scholarship. The essay should emphasize your perseverance to excel, obstacles you have overcome in order to do so, and how you will use this scholarship to its fullest benefit to successfully earn a post-secondary degree.**

**YOU ARE REQUIRED TO SUBMIT THREE RECOMMENDATIONS FROM  
NON-RELATIVES WITH YOUR APPLICATION.**

Persons that you should consider asking to write you a letter of recommendation include your teachers, counselor and employer. They should be individuals who know you and can write about your personal character and strengths. The letters of recommendation should be addressed to the DCFS Scholarship Committee and provide a brief description of your personal strengths, academic abilities, and/or work performance.

Youth who are offered and accept a scholarship board payment are not eligible to also receive a subsidy payment pursuant to an adoption or sub-guardianship subsidy Agreement. A scholarship recipient, "who has an active subsidy Agreement, and their parent or guardian must elect only one payment, either the subsidy payment or scholarship payment." If the scholarship payment is chosen, any payment pursuant to the adoption/sub-guardianship agreement will be suspended while the youth is receiving the scholarship board payment.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **APPLICANT CHECKLIST**

**Before submitting your application, please ensure the following MANDATORY ITEMS are included. All documents must be sent in together; do not send as separate pieces or from different sources. DCFS will verify that you are eligible to apply for a Scholarship.**

- ☐ Scholarship Application (CFS 438, Rev 1/2023) Including Typed Personal Essay
- ☐ High School Transcript or GED Test Score Report
- ☐ College Transcript (if attending college)
- ☐ Three Letters of Reference from non-relatives
- ☐ Applicant Signature